

Printed Name

Mail completed application and payment to: TOWN OF FOXFIELD P.O. Box 461450 Foxfield, CO 80046

Alternatively, you may email the renewal application to clerk@townoffoxfield.com and make a payment online at Business License | Town of Foxfield (colorado.gov)

BUSINESS LICENSE APPLICATION RENEWAL

Renewal Fee is \$35.00, due by January 31 each year.

Complete the highlighted items and any other information that has changed in the past year.

Type of Ownership	Sole Proprietor	Partnership	Corporation	LLC	Othe			
Business Name								
Trade Name (DBA)								
Business Phone N	lumber							
Contact Person								
	Name	Address	City		State	Z IP	Pho	ne
E-mail Address								
Physical Address	Stre	et			F	oxfield	со	80016
Mailing Address								
<u> </u>	Stre	et		City		St	tate	Z IP
Website Address								
Type of Business								
Product or Service	Provided (be spec	ific)						
State of Colorado S	Sales Tax License N	0	FEIN (o	r SS #)				
I declare, under pend made in good faith p of my knowledge and	ursuant to the State	e of Colorado and	the Town of Foxfiel					
Signed			Title_					
Person who is le	gally responsible for the bu	siness (owner, partner,	officer, etc.)					
			Date	2				